



## Purchase Voucher

Agency: 529  
TEXAS HEALTH AND HUMAN SERVICES COMMISSION

Voucher Number : 01088693

Payee Name / Address:

TEXAS PREGNANCY CARE NETWORK  
1101 S CAPITAL OF TEXAS HWY  
STE K250  
WEST LAKE HILLS, TX 78730-5115

USAS Doc Number :

TCode : AP-225-STD

Origin : ONL

Payee ID/Check/Mail : 1760802397/8/000

Freight Amount: \$0.00  
Gross Amount (Includes Frt.): \$762,500.00  
Discount Amt Taken: \$0.00  
Payment Amount: **\$762,500.00**


FOLD HERE

Line	PO ID	PCC	RTI	Invoice ID	Invoice Description	AMOUNT
1	0000088840	0		TPCN-12.9	ALTERNATIVES TO ABORATION-TX	\$762,500.00
ShipTo ID Non-HHSAS Cntrct ID						
2010						
Contract #						
529-10-0013-00001						
Wkfc						
N						
Org PmtDt						
IC						
RC						
Invoice DT: 04/20/16						Req'd Pay DT:
Inv Recv'd DT: 04/20/16						Pay Due DT: 05/31/16
Service DT: 05/01/16						P O DT: 11/12/15
Account	Entry Event	Fund	Dept	Program	Class	Budget Ref
1.1	725300	0001	716	5016	03138	2016
Open Item Key:						Conf:N
						Certified Amt: 0.00

Descriptive Legal Text (DLT Comments):

DOS: MAY 2016

I approved this voucher for payment. The above goods or services correspond in every particular with the contract under which they were purchased. The invoice for the goods or services is correct. The payment complies with the General Appropriations Act.

		MAY 25 2016		04/26/2016
Approved By	Approver Phone(Area+Number)	Date Approved	DateEntered into HHSAS	
			Wagner,Cathy J (ONL, UID)	
Approved By	Approver Phone(Area+Number)	Date Approved	Entered By	
Contact Name	Contact Phone(Area+Number)			

1088693

# Contract Vendor Invoice Payment Request



HHSC Office of Social Services  
Community Access & Services

## Alternatives to Abortion-Texas Pregnancy Care Network

The attached invoice is approved for payment.

Invoice Date:	4/21/16
Invoice Number:	TPCN 129
Dept. ID/Speedchart:	716
Object Code:	725300
Contract Number:	529-10-0013-00001F
Contract Name:	Texas Pregnancy Care Network
TIN:	1760802397
Mail Code:	
Purchase Order Number:	52900-6-0000088840
Month of Service:	May 2016
Amount:	\$ 762,500.00
Month of Service:	
Amount:	
Month of Service:	
Amount:	

Invoice Received Date:	4/20/16
Payment Due On or Before:	*June 1, 2016

Total Amount:	\$762,500.00
---------------	--------------

CONTACT:	DATE:
Preparer's Name:	Andrea Costley
Preparer's Phone:	512-206-5624
	4/21/2016
	4/21/2016

FINANCIAL MANAGER:	DATE:
Beth Zahn	4/21/2016
512-206-3111	
SIGN OFF:	DATE:
Agency Contact/Preparer's Signature:	4/21/2016

APR 25 2016

HANH NGO  
512-487-3389



## Texas Pregnancy Care Network (TPCN)

## INVOICE

**Billing Office:**

Texas Pregnancy Care Network (TPCN)  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Billing Address:**

Andrea Costley  
Texas Health and Human Services Commission  
909 W. 45<sup>th</sup> Street  
Building 555, MC 2010  
Austin, TX 78751

**Remittance Address:**

Texas Pregnancy Care Network  
1101 S. Capital of Texas Highway  
Building K, Suite 250  
Austin, TX 78746

**Taxpayer ID No. 76-0802397**

Amounts due may be remitted  
by Electronic Funds

**To: Business Bank of Texas, N.A.**

1910 W. Braker Ln  
Building 3, Suite 100  
Austin, TX 78758  
Routing No. 114925615  
Account:  
Texas Pregnancy Care Network  
1005126

**Invoice Number:** TPCN-12.9

**Invoice Date:** April 20, 2016

**Due Date:** May 31, 2016

**For Professional Services Rendered:**

**RE:**

**Contract Number:** 529-10-0013-00001F

TPCN is submitting this invoice according to the terms of Section 1.06 of the Amended Agreement between TPCN and HHSC executed on or about February 29, 2016 (attached).

**Payment 12.9:** Project Admin; Statewide Information, Outreach, Education & Referral Programs & Services and Client Services

**Due Date:** May 31, 2016

**\$762,500.00**

**Amount Due**

**\$762,500.00**

**Section 1.06 Modification to Section 4.02 General Payment Terms.**

This is a modification to Section 4.02 of the Original Agreement. HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of March 2016 through May 2016 for the work performed in accordance to this Amendment.

**(a) Payment Methodology**

HHSC shall pay the CONTRACTOR an amount not to exceed \$762,500.00 per month for the months of March 2016 through May 2016 as applicable.

**(b) Payment Schedule**

Payment No.	Description	Due Date	Amount
12.7	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	March 31, 2016	\$762,500.00
12.8	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	April 30, 2016	\$762,500.00
12.9	Project Admin, Statewide Information, Outreach, Education & Referral Programs & Services and Client Services	May 31, 2016	\$762,500.00

**ARTICLE II. REPRESENTATIONS AND AGREEMENT OF THE PARTIES**

The Parties hereto contract and agree that the terms of the Original Agreement, Amendment One, Two, Three, Four and Five shall remain in effect and continue to govern except to the extent modified herein. By signing this Amendment Six, the Parties expressly understand and agree that Amendment Six is hereby made a part of the Original Agreement as though it were set out word for word therein.

# Health & Human Services Commission

## Purchase Order CHANGE ORDER

Dispatch via Print

<b>Payment Terms</b> Net 30	<b>Freight Terms</b> FOB Dest. Prepaid & All BEST WAY	<b>Ship Via</b> BEST WAY
If advertised by informal bid, Invitation for Offer, or Request for Proposal, all specifications, terms, and conditions set forth in the advertisement and vendor's conforming responses become a part of this numbered purchase order. Contractor guarantees goods or services delivered meet or exceed numbered purchase order requirements.		
All shipments, shipping papers, invoices, and correspondence must be identified with our Purchase Order Number.		

**Purchase Order**  
**52900-6-0000088840**

Date: 11/12/2015      Revision: 3 - 03/11/2016      Page: 1

**Ship To:** CAS, Family Violence & Refugee  
HEALTH & HUMAN SERVICES COMMISSION  
909 W 45th St  
PO Box 12668  
Austin TX 78751  
United States

**Vendor:** 1760802397  
TEXAS PREGNANCY CARE NETWORK  
1101 S CAPITAL OF TEXAS HWY  
STE K250  
WEST LAKE HILLS TX 78730-5115

**Bill To:** Invoice-HHSC Accounting  
HEALTH & HUMAN SERVICES COMMISSION  
4900 N Lamar Blvd  
Austin TX 78751  
United States  
  
Phone: 512-424-6518  
Fax: 512-424-6901  
Email: HHSC\_AP@hhsc.state.tx.us

Line-Sch Inventory Item ID - Line Description			Class-Item	Quantity UOM	Purchaser: Kessler, Autumn (PCS)	PO Price	512.406.2563	Extended Amt	Due Date
1- 1	Fulfill the terms of contract number 529-10-0013-00001E from dates 09/01/2015 through 02/29/2015			1.00 LOT	3,050,000.00000	3,050,000.00	11/12/2015		
	962-58								
Schedule Total								3,050,000.00	
Contract ID: 529-10-0013-00001		Contract Line: 0		Release: 8					
Item Total for Line 1								3,050,000.00	
2- 1	Fulfill the terms of contract number 529-10-0013-00001F from dates 09/01/2015 through 05/31/2016			1.00 LOT	2,287,500.00000	2,287,500.00	03/16/2016		
	952-01								
Schedule Total								2,287,500.00	
Contract ID: 529-10-0013-00001		Contract Line: 0		Release: 9					
Item Total for Line 2								2,287,500.00	
Total PO Amount								5,337,500.00	

No substitutions or cancellations are permitted without prior approval by Health & Human Services Commission. If contractor fails to deliver by promised delivery date (or reasonable time thereafter) or fails to meet requirements, Health & Human Services Commission reserves the right to purchase elsewhere and charge an increased cost and handling to contractor.

Overshipments will not be accepted unless authorized by Buyer prior to shipment. The dispute resolution process provided for in Chapter 2260 of the Texas Government Code must be used by the Health & Human Services Commission and Contractor to attempt to resolve all disputes arising under the contract.

Digitally signed by [Signature]